



Data and Billing In Sync: UB-04/837i

Presented by TMA UBO Contract Support

23 July 2013 @ 0800-0900

25 July 2013 @ 1400-1500

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- Provide an overview of the new UB-04/837i Web-based program
- How to register and take the course
- View screenshots of the course
- How to use modules/course to address third-party denials

- The UB-04 is commonly referred to as the “Institutional Billing Form”
- The 837i is the electronic code set for transmitting the information for the Institutional Claim
- An on-demand, Web-based course outlining the paper and electronic data elements most commonly used for billing MHS institutional claims

- Broken down into 7 modules
 - Demographics, Institutional Information, Additional Information, Services Performed/Charging, Insurance Information, Diagnoses/Procedures and Provider Information
- Each module is interactive
- To Learn the required/situational data elements, select desired FL
- Each FL includes examples and reference information

Modules are grouped by related form locators

Navigate using task bar or button



Module 1 – Demographics

Form Locators 1, 2, 8a-b, 9a-e, 10, 11
Click on a form locator at any time for more information

1	2	3a POLY CHIEF #	3b MED REC #	4 TYPE OF BILL
8 PATIENT NAME Last Name		9 COVERS PERIOD THROUGH		
10 BIRTHDATE	11 SEX	12		

837i Example:
NM1*QC*1*DOE*SALLY*J~

KEY:
NMI = Individual or Organizational Name
QC = Entity ID Code
1 = Entity Type Qualifier
Patient Last Name, First Name, Middle Initial

FL 08a-b: Patient

- Required – in
- Do not include
- Do not put spa
- Capitalize both
- Use a space be
- Click here for the 837i example

schmidt)
Webster Jr.)

Continue

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- Register at the Training Page at the UBO Learning Center
- Requires .mil or DoD affiliation for CEU credit
- Launch course from registration page
- Proceed to Module 0 (Course Overview)

- At the conclusion of each module there is a narrative-based learning check
- This learning check is meant to reinforce the material just covered and not every form locator is used
- At the conclusion of the 7th Module, may take the Post Test containing 10 questions for certificate of completion
- Upon passing the Post Test, select link for certificate

**TMA UBO
LEARNING CENTER
CERTIFICATE OF COMPLETION**

AWARDED TO

Insert Name

for successfully completing the online training course,

Data and Billing in Sync
UB-04/837i

On 07/16/13




TRICARE Management Activity
Uniform Business Office Learning Center

- The AAPC is granting 1 CEU for this Web-based course
- Upon successful completion of the Post Test, select e-mail link to request AAPC CEU Certificate and index number

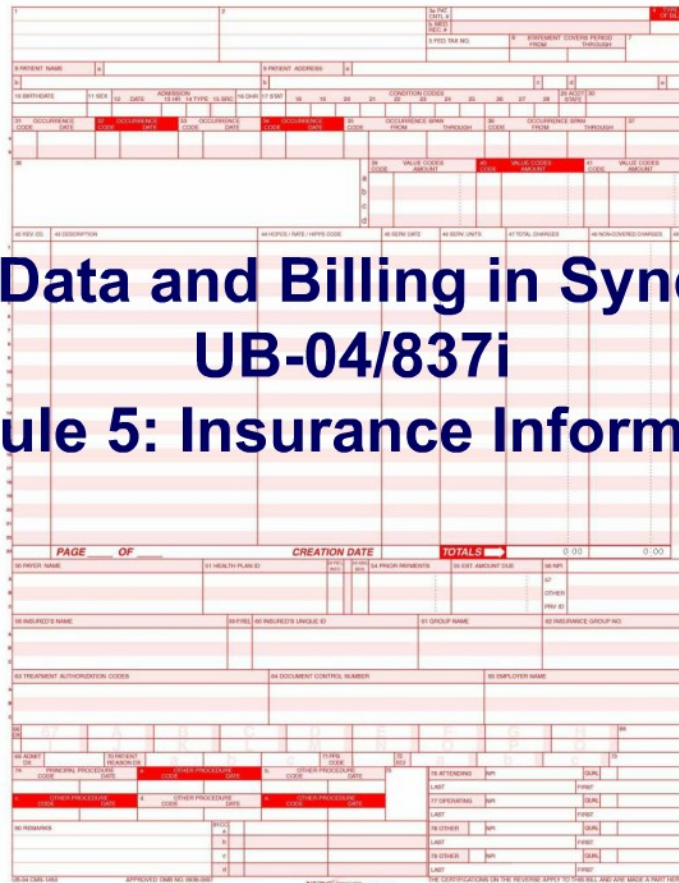


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TRICARE Management Activity
Uniform Business Office


Data and Billing in Sync UB-04/837i Module 5: Insurance Information



The form is a detailed insurance information form (UB-04/837i) used for billing. It includes sections for patient information, insurance details, and billing information. Key sections include:


- Patient Information:** Patient Name, Address, Birth Date, Sex, Admission Date, Discharge Date, and Condition Codes.
- Insurance Information:** Insurance Code, Occurrence Date, Occurrence From, Occurrence To, and Occurrence Code.
- Billing Information:** Value Codes, Amount, and Total Charges.
- Summary:** PAGE OF, CREATION DATE, TOTALS, and various summary codes.
- Insurance Details:** Insurance Name, Health Plan ID, Policy Number, and Insurance Group ID.
- Employer Information:** Employer Name, Employer ID, and Employer Address.
- Procedure Codes:** ICD-9-CM Procedure Codes and ICD-10-PCS Procedure Codes.
- Attending Physician:** Attending Physician Name, Last, First, and Middle Initial.
- Other Physicians:** Other Physician Name, Last, First, and Middle Initial.
- Signature:** Signature of the Billing Representative.


[Click to Begin](#)



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- Understanding what a clean claim looks like is very important part of the biller's function
- Obtain health insurance benefits to properly identify valid and invalid denials
- All Inpatient admissions need to be pre-certified and the certification number is placed in Form Locator 63-A-C

- Incorrect patient date of birth (FL 10) or sex (FL 11)

Module 1 – Demographics

Form Locators 1, 2, 8a-b, 9a-e, 10, 11
Click on a form locator at any time for more information

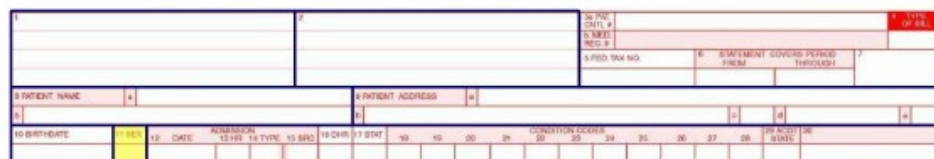


FL 10: Patient Birth Date

- Required – inpatient and outpatient
- Use MMDDYY for the UB-04
- Use CCYYMMDD for the 837i

Module 1 – Demographics

Form Locators 1, 2, 8a-b, 9a-e, 10, 11
Click on a form locator at any time for more information




FL 11: Patient Sex

- Required – inpatient and outpatient
- Enter the gender of the patient as recorded on the date of: admission, outpatient service, or start of care
 - Use M for Male
 - Use F for Female
 - Use U if the sex is unknown (note: this selection is not accepted by all third-party payers)

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- Incorrect dates of service (FL 6)



Module 2 – Institutional Information


Form locators 3 a-b, 4, 5, 6, 7, 12, 13, 14, 15, 16, 17
Click on a form locator at any time for more information

1		2		3a		3b		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31		32		33		34		35		36		37		38		39		40		41		42		43		44		45		46		47		48		49		50		51		52		53		54		55		56		57		58		59		60		61		62		63		64		65		66		67		68		69		70		71		72		73		74		75		76		77		78		79		80		81		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97		98		99		100	
---	--	---	--	----	--	----	--	---	--	---	--	---	--	---	--	---	--	---	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	-----	--

FL 06: Statement Covers Period

- Required – inpatient and outpatient
- Inpatient: The “from” date is the date the patient was admitted to the hospital; the “through” date is the date the patient was discharged
- Outpatient: Use actual dates if extended outpatient visit (e.g., observation); otherwise, the “from” date matches the “through” date
- Paper claim format: MMDDYY (e.g., 070499 to 070699)
- Electronic 837i claim format: CCYYMMDD (e.g., 19990704 to 19990704)


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00:15 / 00:15

- Wrong revenue codes or occurrence codes (FLs 42, 35, 36)


Module 4 – Services and Charging
 Form locators 42, 43, 44, 45, 46, 47, 48, 49
Click on a form locator at any time for more information


10 REV CD	13 DESCRIPTION	44 HCPCS / RATE / HPPS CODE	18 SERV DATE	19 SERV UNITS
035X				
037X				

FL 42: Revenue Codes

- Required – inpatient and outpatient
- These represent all billable services and indicate which department provided treatment and can bill for it
- Enter the appropriate numeric code corresponding to each narrative description. Use the standard abbreviation that identifies a specific accommodation and/or a service.
- Must be listed in ascending, numbered order
- For inpatient bills, assign the revenue code category for each inpatient service
- For outpatient bills, assign the revenue code for each line item charged
- [Click here](#) for a list of commonly used revenue codes; [click here](#) for a full list
- [Click here](#) for an 837i example
- [Click here](#) for outpatient claim examples

PAGE	OF	CREATION DATE	TOTALS

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Module 3 – Additional Information

Form locators 18 – 28, 29, 30, 31 – 37, 38, 39 - 41

Click on a form locator at any time for more information

10 BIRTHDATE		11 SEX	12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC		16 DHR	17 STAR	CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28										29 ACOT	30 STATE
31 OCCURRENCE DATE		32 CODE	OCCURRENCE DATE		33 CODE	OCCURRENCE DATE		34 CODE	OCCURRENCE DATE		35 CODE	OCCURRENCE SPAN FROM THROUGH		36 CODE	OCCURRENCE SPAN FROM THROUGH		37			
												71 040511 040711 20110405 20110407								
38									39 CODE VALUE CODES AMOUNT			40 CODE VALUE CODES AMOUNT			41 CODE VALUE CODES AMOUNT					

FL 35 – 36: Occurrence Span Codes and Dates

- Required only when associated with a diagnosis that indicates an accident and when requested by the payer
- Enter the codes and associated dates that define a significant event that relates to the bill in alphanumeric order
- Use MMDDYY – MMDDYY for the UB-04
- Use CCYYMMDD – CCYYMMDD for the 837i
- Up to 12 codes may be appended – [click here](#) for a list of codes
- Enter additional codes related to these form locators in **FL 81 (Module 7)** 

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- MS-DRG does not correlate to Diagnosis code (FLs 43

Module 4 – Services and Charging

Form locators 42, 43, 44, 45, 46, 47, 48, 49
Click on a form locator at any time for more information

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS
	CT Scan Anesthesia			

FL 43: Revenue Code Description

- Required – inpatient and outpatient
- Enter the narrative description or standard abbreviation for each revenue code
- For inpatient bills, this FL is also used to report
 - MS-DRG information
 - NDC (pharmacy) information – use the 11-digit NDC number (with trailing zeros)
- For outpatient bills, use this FL to report an itemized list of all services
- [Click here](#) for more information on the National Drug Code (NDC) number
- [Click here](#) for the DRG formula calculation
- [Click here](#) for an 837i example
- [Click here](#) for outpatient claim examples

PAGE 1 OF 1 CREATION DATE TOTALS

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Module 6 – Diagnosis & Procedures

Form locators 66, 67, 67a-q, 68, 69, 70a-c, 71, 72a-c, 73, 74a-e, 75
Click on a form locator at any time for more information


66 ADMIT DATE	67 PATIENT REASON FOR VISIT	68 ICD-9-CM	69 ICD-9-CM	70 ICD-9-CM	71 ICD-9-CM	72 ICD-9-CM	73 ICD-9-CM	74 ICD-9-CM	75 ICD-9-CM
74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 OTHER PROCEDURE CODE	77 OTHER PROCEDURE CODE	78 OTHER PROCEDURE CODE	79 OTHER PROCEDURE CODE	80 OTHER PROCEDURE CODE	81 OTHER PROCEDURE CODE	82 OTHER PROCEDURE CODE	83 OTHER PROCEDURE CODE
76 ATTENDING NPI	77 OPERATING NPI	78 OTHER NPI	79 OTHER NPI	80 OTHER NPI	81 OTHER NPI	82 OTHER NPI	83 OTHER NPI	84 OTHER NPI	85 OTHER NPI
LAST	FIRST	LAST	FIRST	LAST	FIRST	LAST	FIRST	LAST	FIRST

FL 66: Diagnosis and Procedure Code Qualifier

- Required – inpatient and outpatient
- Outpatient – The code in this FL identifies the reason for the patient encounter
- Enter the version of the International Classification of Diseases (ICD) reported. [Click here](#) for the code structure
- Do not use decimals. They will be rejected per HIPAA 5010 transaction standard requirements
- [Click here](#) for an 837i example

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- Incorrect or expired NDC code (FL 43)


Module 4 – Services and Charging

Form locators 42, 43, 44, 45, 46, 47, 48, 49
Click on a form locator at any time for more information


42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIRPS CODE	46 SERV. DATE	48 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
	CT Scan Anesthesia						




FL 43: Revenue Code Description



- Required – inpatient and outpatient
- Enter the narrative description or standard abbreviation for each revenue code reported
- For inpatient bills, this FL is also used to report
 - MS-DRG information
 - NDC (pharmacy) information – use the 11-digit NDC number (without hyphens)
- For outpatient bills, use this FL to report an itemized list of all services, including ancillary services
- [Click here](#) for more information on the National Drug Code (NDC) number
- [Click here](#) for the DRG formula calculation
- [Click here](#) for an 837i example
- [Click here](#) for outpatient claim examples

PAGE ____ OF ____	CREATION DATE	TOTALS	0.00	0.00	0.00
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Click to Begin Learning Check






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00:02 / 00:02



- Incomplete insurance information (FLs 51, 60, 61)
- Missing plan code or group number (FL 62)


Module 5 – Insurance Information

Form locators 50, 51, 52, 53, 54 a-c, 55 a-c, 58, 59, 60, 61, 62, 63, 64, 65


Click on a form locator at any time for more information

50 PAYER NAME Required Situational Situational	51 HEALTH PLAN ID	52 PREL NPI	53 PREL BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI 57 OTHER PRV ID
58 INSURED'S NAME		59 PREL	60 INSURED'S UNIQUE ID		61 GROUP NAME	62 INSURANCE GROUP NO.
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER			65 EMPLOYER NAME	


FL 50: Payer Name

- Enter up to three payers or health insurance plan names from which the MTF expects payments for the claim
 - Line A is required; lines B and C are situational depending on whether there are other potential payers
 - List names in order of priority for billing
- [Click here](#) for an 837i example

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00:02 / 00:02

- Incorrect physician or facility NPI (FL 56)


Module 7 – Provider Information

Form locators 56, 57, 76, 77, 78, 79, 80, 81
Click on a form locator at any time for more information

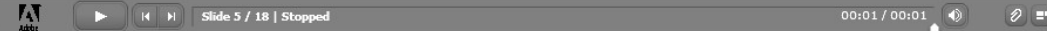
FL 56: National Provider Identifier – Billing Provider

- Required – inpatient and outpatient
- Enter the MTF's unique 10-digit numeric identification number assigned by the National Plan and Provider Enumeration System (NPPES)
- This is the MTF's standard unique identifier for all payers
 - It is NOT the NPI of the physician
 - It is NOT an employer tax identification or Social Security number
- [Click here](#) for more information

										56 NPI	
										57 OTHER	
										PRV ID	
62 INSURANCE GROUP NO.											
NAME											
76											
77											
78											
79											
80											
81											


74 PRINCIPAL PROCEDURE		REASON EX		OTHER PROCEDURE		OTHER PROCEDURE		OTHER PROCEDURE		75	
CODE	DATE	a	CODE	DATE	b	CODE	DATE	CODE	DATE	LAST	FIRST
76 ATTENDING		NPI		QUAL							
LAST				FIRST							
77 OPERATING		NPI		QUAL							
LAST				FIRST							
78 OTHER		NPI		QUAL							
LAST				FIRST							
79 OTHER		NPI		QUAL							
LAST				FIRST							

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- Failure to obtain pre-authorization (FL 63)



Module 5 – Insurance Information


Form locators 50, 51, 52, 53, 54 a-c, 55 a-c, 58, 59, 60, 61, 62, 63, 64, 65
Click on a form locator at any time for more information

50 PAYER NAME		51 HEALTH PLAN ID		52 PRE-DEP	53 PRE-DEP	54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NP1	
										57 OTHER	
										58 NP1 ID	
58 INSURED'S NAME				59 PREL		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.	
63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NAME			

FL 63: Authorization Code/Referral Number

- Situational – inpatient and outpatient
- Enter authorization/referral number for the treatment if assigned by the payer
- The current MHS system limitations may prevent this FL from being filled in
- Although situational, this FL is required if the payer assigns an authorization or preauthorization number
- Follow your Service guidance if they recommend typing in PRECERT for inpatient claims or other specific guidance

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- DO use only original claim forms
- DO make sure claims are printed darkly
- DO remember that insurance companies scan all claim forms
- Avoid folding claims, if possible
- Avoid using terms such as “re-filed claim” or “second request”
- Avoid handwritten claims
- Don’t use all UPPERCASE letters
- Don’t use punctuation or decimals
- Don’t send unnecessary attachments
- Don’t use staples, paperclips, or stick-on notes
- Don’t mark the claim with highlighters
- Don’t use circles or additional markings
- Don’t attach labels or stickers
- Don’t add notes or instructional assistance

Questions?